

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2010
FORM APPROVED
OMB NO. 0938-0391

30th: 10/24/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/24/2010
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
(K 018) SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the doors protecting the corridors.</p> <p>The findings include:</p> <p>Observation of residents' room 311 on 9/24/10, at 10:15 a.m., revealed the room's door was not latching to the door frame. NFPA 80, 15-1.2</p> <p>This finding was verified by the Maintenance Director and later acknowledged by the Assistant Director Of Nursing at the exit interview on 9/24/10.</p>	(K 018)	<p>K 018 SS=F</p> <p><u>Description</u> NFPA 101 Life Safety Code Standard</p> <p>The facility failed to maintain the doors protecting the corridors</p> <p><u>Corrective Action</u></p> <ol style="list-style-type: none"> 1. The door to room 311 was adjusted to latch to door frame by the Maintenance Director on 9/25/10. 2. The facility doors were inspected by the Maintenance Director to ensure that doors closed and latched on 9/25/10. 3. The Maintenance Director was in-serviced to inspect and insure that doors latch properly upon closing on 9/25/10. 4. The maintenance supervisor and environmental servicer will monitor for compliance during daily walking rounds and will report findings to the QA Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services. 	<p>9/21/10</p> <p>9/25/10</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cassandra P. Callahan</i>			TITLE <i>Administrator</i>		(X6) DATE 10-4-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/24/2010
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST HTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 039} SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridors clear and unobstructed in 1 of the 3 corridors.</p> <p>The findings include:</p> <p>Observation of the 100 corridor located next to room 113 and the therapy room on 9/24/10, at 10:13 a.m., revealed a lift and scale were stored in the corridor. Further observations of the corridor at 10:44 a.m., revealed the lift and scale remained in the corridor for more than 30 minutes. National Fire Protection Association (NFPA) 101, 19.2.3.3</p> <p>This finding was verified by the Maintenance Director and later acknowledged by the Assistant Director Of Nursing at the exit interview on 9/24/10.</p>	{K 039}	<p>K 039 SS=F</p> <p><u>Description</u> NFPA 101 Life Safety Code Standard</p> <p>The facility failed to maintain clear and unobstructed corridors.</p> <p><u>Corrective Action</u></p> <ol style="list-style-type: none"> 1. The lift and scales were removed from the hallway on 9/24/10. 2. Maintenance Director and ADON made facility rounds to ensure hallways were clear of obstructions on 9/24/10. 3. Facility staff was in-serviced on 9/25/10 on making sure corridors are kept clear of obstructions. 4. Administrator will monitor for compliance during daily facility walking rounds and will report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services. 	9/21/10	
{K 062} SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the</p>	{K 062}	<p>K 062 SS=F</p> <p><u>Description</u> NFPA 101 Life Safety Code Standard</p> <p>The facility failed to maintain the sprinkler system.</p>	9/21/10	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/24/2010
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
{K 062}	Continued From page 2 facility failed to maintain the sprinkler system. The findings include: Interview with the Maintenance Director on 9/24/10, at 10:22 a.m., revealed the 4 corroded sprinklers located in the ambulance entrance canopy were not replaced. The sprinkler company are schedule to replace the sprinklers on 9/28/10. National Fire Protection Association (NFPA) 25, 2-2.1.1 This finding was verified by the Maintenance Director and later acknowledged by the Assistant Director Of Nursing at the exit interview on 9/24/10.	{K 062}	<u>Corrective Action</u> 1.a. The sprinklers under the canopy entrance for the ambulances were replaced by ACS on 9/28/10. 2. The maintenance supervisor conducted facility rounds to ensure sprinkler heads were in good condition on 9/25/10. 3. Maintenance supervisor was in-serviced on 9/25/10 on proper sprinkler maintenance. 4. Maintenance supervisor will monitor for compliance during daily walking rounds and will report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.	09/28/10	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical wiring. The findings include: Observation on 9/24/10, at 10:45 a.m., revealed the electronic scale located in the corridor next to the therapy room had a cut in the electrical cord.. NFPA 70, 110-12 This finding was verified by the Maintenance Director and later acknowledged by the Assistant Director Of Nursing at the exit interview on 9/24/10.	K 147	K 147 SS=F <u>Description</u> The facility failed to maintain electrical wiring. <u>Corrective Action</u> 1. The cord on the electronic scales was replaced on 9/25/10 by the maintenance director. 2. The maintenance director made facility rounds to ensure electrical cords were in safe condition on 9/25/10. 3. The maintenance director was in-serviced on 9/25/10 regarding maintaining good condition of electrical cords. 4. The maintenance director will monitor for compliance during daily walking rounds and will report findings to the QA committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.	9/25/10	